FAMILY ISSUE FACT SHEET
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CAP-OPPOSED SB1384/SB1497/HB2582 END-OF-LIFE DECISIONS; TERMINALLY ILL PATIENTS (PHYSICIAN-ASSISTED SUICIDE)

EXECUTIVE SUMMARY

SB1384/SB1497/HB2582 legalize physician-assisted suicide (PAS). PAS laws— more accurately called doctor-prescribed death—permit a physician to prescribe a lethal dose of medication to adult patients deemed competent and terminally ill. These so-called "Aid-in-Dying" or "Death with Dignity" laws devalue human life, turn medical care upside down, are ripe for abuse, and endanger the weak and vulnerable.

ANALYSIS

Doctors should care and heal, not kill. Proponents of PAS legislation contend doctors should be allowed to prescribe lethal medication to terminally ill patients if their pain becomes unbearable. However, for those in physical pain, doctors can provide palliative medicine to manage effectively the pain. For those for whom death is imminent, hospice care and the companionship of family and friends allow the person to die a dignified death of natural causes.

To be sure, affirming the worth and dignity of human life does not require extending life by every possible medical treatment, yet allowing the doctor to hasten a person's death through lethal medication is altogether different. Legalizing doctor-prescribed death is not the solution.

1. PAS Devalues Human Life

Over time, PAS statutes create a society where it is believed that some lives are just not worth living. For example, since Oregon's PAS law became effective, the number of people that have used the law to take their lives has steadily grown: 16 in 1998 to 60 in 2008 to 168 in 2018. More troubling yet, the total number of deaths from 1998 to 2008 was around 400, while the number of deaths from 2009 to 2018 over 1,000. A rapidly growing number of Oregonians are deciding that life is no longer worth living when they lose autonomy and their quality of life is not what they want it to be.

Rather than provide "dignity-in-dying," PAS laws undermine human dignity at the societal level because the justifications of autonomy and pain logically lead to an ever-expanding list of lives believed not worth living.

2. PAS is Not about Pain, But Existential Distress

The primary policy argument for allowing PAS is that it is compassionate to help a person end their life when they are experiencing unbearable pain. However, the Oregon Health Authority's "Death with Dignity Act" 2018 report shows that unbearable pain is not the reason terminally ill

Contact: Cathi Herrod, President, Center for Arizona Policy, Inc.

individuals have requested lethal medication. Of the 1,459 individuals that have committed suicide by taking prescribed lethal medication since the law took effect in 1998, 90.6% cited "losing autonomy," 89.1% cited "less able to engage in activities making life enjoyable," 74.4% cited "loss of dignity," 44.3% cited "losing control of bodily functions," and 44.8% cited "burden on family, friends/caregivers" as their end of life concerns.[i] Only 25.7% cited "inadequate pain control or *concern* about it." Pain, though a concern for some, is not the reason why people are choosing to end their lives.

Individuals struggling with suicidal thoughts need counseling and support. Affirming their hopelessness is not the solution.

3. PAS Turns Medical Care Upside Down

PAS corrupts the medical profession because it contradicts the purpose of medicine, which is to heal, eliminate disease, and alleviate pain. In the summer of 2019, the American Medical Association (AMA) with a 71% vote reaffirmed its opposition to physician-assisted suicide[ii], in part because PAS "is fundamentally incompatible with the physician's role as healer."[iii] As the AMA's Council on Ethical and Judicial Affairs notes in a recent report on the issue, many in the medical profession believe PAS "will compromise the integrity of the [medical] profession, undermine trust, and harm the physicians and other health care professionals who participate."[iv]

4. PAS Laws Are Ripe for Abuse

PAS statutes supposedly have safeguards to protect the vulnerable, but they have proved illusory. Although those wanting to end their lives under PAS laws struggle with depression and hopelessness, only three out of the 249 people who received lethal medication under Oregon's PAS law in 2018 had been given a psychological or psychiatric evaluation.[v]

Also, the Oregon PAS law requires the patient to make a written request with two witnesses, one of which is not a relative, meaning it would allow for a family member (who may gain from the death) and one of the family member's friends to be witnesses. It also allows for patients or "more powerful guardians [to] shop around for a doctor" who would be sympathetic to PAS.

Moreover, according to the Oregon Health Authority's 2018 report[vi], doctors or other medical providers were known to be present during the ingestion of the prescribed lethal drug in *only* 65 out of 168 cases. Meaning that in over one hundred deaths, the Health Authority does not know the circumstances under which the patient ingested the lethal medication. The presence of pressure or coercion is simply unknown.

5. PAS Endangers the Weak and Vulnerable

With the increasing cost of health care for the elderly and extremely ill patients, there may be pressure on them to take their lives to alleviate the burden on their families. Although families have a responsibility for disabled and elderly relatives, the option of PAS creates a temptation to view them as burdens. According to Oregon Health Authority's "Death with Dignity Act" 2018

report, 54.2% of those who were assisted with suicide cited burden on family, friends or caregivers as one of the reasons for seeking to end their lives.

In addition, the logic of PAS – it is compassionate to help some patients end their lives – easily expands to include those too disabled to kill themselves, and even those too disabled to request an end to their perceived suffering, like infants or the demented. Why should the "compassionate act" be limited to those healthy enough to request and self-administer the lethal drugs?

This reasoning has taken root in the Netherlands, where "several official, government-sponsored surveys have disclosed both that in thousands of cases, doctors have intentionally administered lethal injections to patients without a request and that in thousands of cases, they have failed to report cases to the authorities,"[vii] including cases of newborns diagnosed with spina bifida and trisomy 13.[viii]

CONCLUSION

Doctors should care and heal, not kill. So-called "Aid-in-Dying" or "Death with Dignity" legislation devalue human life, turn medical care upside down, are ripe for abuse, and endanger the weak and vulnerable. Palliative medicine is available to manage effectively the pain, and for those whom death is imminent, hospice care and the companionship of family and friends allows the person to die a dignified death of natural causes.

TALKING POINTS

1. So-called Physician-Assisted Suicide laws devalue human life, which inevitably leads to abuse and endangering the weak and vulnerable.
2. PAS provides a perverse incentive to health insurers, including some state government officials to deny treatment, but cover the cost of physician-assisted suicide. Bureaucrats should not be deciding whose life is worth living.
3. Doctors should never kill. They should help patients live out their natural lives with dignity and comfort through palliative medicine, hospice care, and the companionship of loved ones. Doctors are not required to extend life at all cost, but neither should they hasten death.

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[i] https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf

[ii] https://www.bioedge.org/indepth/view/us-doctors-vote-to-oppose-assisted-suicide/13108

[iii] American Medical Association, Code of Medical Ethics Opinion 5.7, https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide (last visited November 17, 2019).

[iv] https://www.ama-assn.org/system/files/2019-05/a19-ceja2.pdf

[v] Oregon Health Authority, "Oregon Death with Dignity Act: 2018 Data Summary," https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf

[vi] https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf

[vii] Ryan T. Anderson, "Always Care, Never Kill: How Physician-Assisted Suicide Endangers the Weak, Corrupts Medicine, Compromises the Family, and Violates Human Dignity and Equality," The Heritage Foundation, March 24, 2015, https://www.heritage.org/health-care-reform/report/always-care-never-kill-how-physician-assisted-

suicide-endangers-the-weak (last visited November 15, 2019) (citing Emily Jackson and John Keown, *Debating Euthanasia* 118-128 (2012)).

[viii]Eduard Verhagen and Pieter J. J. Sauer, *The Groningen Protocol—Euthanasia in Severely Ill Newborns*, 352 *The New England Journal of Medicine*, 960-961 (2005), http://www.nejm.org/doi/full/10.1056/NEJMp058026#t=article (last visited November 16, 2019).